

FEB 25 2010

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A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Corbett	Ellen	M.		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
			OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

State Senate

Division, Board, District, if applicable:

10th District

Your Position:

State Senator

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Signature

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

► NAME OF SOURCE
Operating Engineers, Local 3

ADDRESS (Business Address Acceptable)
3920 Lennane Drive, Sacramento, 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 18 / 09</u>	<u>\$ \$150.00</u>	<u>CDP Inaugural Gala</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Hayward Fire Fighters Association

ADDRESS (Business Address Acceptable)
22561 Main Street, Hayward, 94541

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 30 / 09</u>	<u>\$ \$100.00</u>	<u>Cham of Comm dinner</u>
<u>4 / 13 / 09</u>	<u>\$ \$75.00</u>	<u>Flowers</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Jeevan Zutshi

ADDRESS (Business Address Acceptable)
POB 14902, Fremont, 94539

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 27 / 09</u>	<u>\$ \$85.00</u>	<u>Indo-Amer Fed dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Fremont Firefighters, Local 1689

ADDRESS (Business Address Acceptable)
POB 1134, Fremont, 94538

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 4 / 09</u>	<u>\$ \$88.00</u>	<u>CBC dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Personal Care Products Council

ADDRESS (Business Address Acceptable)
1101 17th St., NW, Ste 300, Wash DC, 90036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 1 / 09</u>	<u>\$ \$124.81</u>	<u>Pers Care Products</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Steinberg for Senate 2010

ADDRESS (Business Address Acceptable)
1100 O Street, Ste. 200, Sacramento, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 2 / 09</u>	<u>\$ \$71.23</u>	<u>Dem Caucus dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name 3

► NAME OF SOURCE
Google

ADDRESS (Business Address Acceptable)
345 Spear Street, San Francisco, 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Internet

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 20 / 09</u>	<u>\$ \$250.00</u>	<u>Inaugural Event</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Kaiser Permanente

ADDRESS (Business Address Acceptable)
1100 San Leandro Blvd., San Leandro, 94577

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 24 / 09</u>	<u>\$ \$35.00</u>	<u>Union City luncheon</u>
<u>5 / 18 / 09</u>	<u>\$ \$300.00</u>	<u>Davis Street Benefit</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Rhonda Hirata

ADDRESS (Business Address Acceptable)
2 Henry Adams Street, San Francisco, 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 26 / 09</u>	<u>\$ \$100.00</u>	<u>Girl's Inc. Fundraiser</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
PG&E

ADDRESS (Business Address Acceptable)
77 Beale Street, San Francisco, 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 17 / 09</u>	<u>\$ \$75.00</u>	<u>Girls, Inc. dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
United Food and Commercial Workers, Local 5

ADDRESS (Business Address Acceptable)
240 Market Street, San Jose, 958112

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 3 / 09</u>	<u>\$ \$200.00</u>	<u>Ala. Co. Labor Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

► NAME OF SOURCE
Nancy Farber

ADDRESS (Business Address Acceptable)
2000 Mowry Avenue, Fremont, 94538

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 4 / 09</u>	<u>\$ \$140.00</u>	<u>Flowers</u>
<u>12 / 17 / 09</u>	<u>\$ \$50.00</u>	<u>Plant</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Ellen Corbett
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► NAME OF SOURCE

CA State Building and Constructions Trades Council

ADDRESS (Business Address Acceptable)

1225 8th Street, Ste. 375, Sacramento, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Labor Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 5 / 09	\$ \$300.00	CLCV dinner
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____